S. No.300 v. 10.48	11 90 60 70 107 271 1860	SEALTH OF MISSOURI IFICATE OF DEATH State	36755
296	BIRTH NO. REG. DIST. NO.		1707's No. 991
٠ ٢ ک	1. PLACE OF DEATH a. COUNTY	2. USUAL, RESIDENCE (Where deceased the a. STATE b. COU	red. If institution: residence before
/	CKULUS	MP	_URANC117
/	b. CITY (If outside corporate limits, write RURAL and give C. LENGTH O STAY (in this place township)	OR A	id give towighin)
/2	d. FULL NAME OF (If not in hospital or institution, give street address or location	2 orang with	
/ 5	HOSPITAL OR D	d. STREET ADDRESS (If rural, give location)	. 1 0
RECORD	3. NAME OF a. (First) b. (Middle)	4 (7)	
	(Type or Print) Harold and	Wallace DEATH	(Month) (Day) (Year) へい・ リー 19よつ
PERMANENT	5. SEX 6. COLOR OR RACE 1.7. MARRIED, NEVER MARRIED.	1.8. DATE OF BIRTH 1.9. AGE (In year	TO OF UNDER 1 YEAR OF UNDER M HEE.
AN	male white WIDOWED DIVORCED (Specify)	March 14-1931 last birthday)	Months Days Hours Min.
RM	10a. USUAL OCCUPATION (Give kind of work dope during most of working life, even if retired) 10b. KIND OF BUSINESS OR IN DUSTRY		12. CITIZEN OF WHAT
- E	Truck Driver Private hauling	Hammoul, mo	COUNTRY
	13a. FATHER'S MAME 13b. MOTHER'S MATOE	N NAME OF HUSBAND	OR WIFE
. E	audia O. Wallace audia	HOURS NEVER MA	ARIED
AKE	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yee, no. og unknown) (If yee, give war or dates of service) NO		AME ADDRESS
* T	No No WKNOWN		8 W State
¥	Potential DISEASE OF CONDITION	CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
INK	line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a)	pound pacture left to	g 4 days
C.W.	*This does not mean ANTECEDENT CAUSES	active and to a	14 1 1 1 1 1
BLACK	the mode of dying, such as heart failure, asthenia, if a to the above cause (a) stating the underlying cause last.	seems, comprise , sy	they rays
E	Control 10 Cont	dature of belown	u de
S	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS	and of feet as	- Forge
UNFADING	Conditions contributing to the death but not related to the disease or condition causing death.		18/10
F.	19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	TION		YES NO Z
	218. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE 21b. PLACE OF INJURY (e.g., in or about bome, large, factory, street, office bidg., etc.)		UNTY) (STATE)
Zi	HOMICIDE COLORER ON HIGHWAY 5	Near HVA Mo. DOU	GLAS, Mo=4
-USING	21d. TIME (Month) (Day) (Your) (Hour) 21e. INJURY OCCURRED	The state of the s	he was driving
.1 1	INJURY WON 7 1950 7 1950 WHILE AT WORK IN AT WORK	He code of on welf perement	into enother truck
PLAINLY	22. I hereby certify that I attended the deceased from wor	10, 195010 Thor 11, 195011	hat I last saw the deceased
ĮĄ.	alive on Wov 11, 1950, and that death occurred at	· · · · · · · · · · · · · · · · · · ·	
	23a. SIGNATURE Silahy M. DO	Springfield, U	230. DATE SIGNED
WRITE	24a. BURIAL, CREMA- 24b. DATE 24c., NAME OF CEMETE	D •	
W.B	Thornfie 11-16-50 Thornfie	eld ThornCield.	Missouri
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
į	11-15-50 1/20 stankly 400	Clinkingbeard Funeral	Home, Ava Mo.
	(Licensed Embelmer's	Statement on Reverse Side)	

Industrial sometime

STATEMENT BY LICENSED EMBALMER

gasta.

I hereby certify that the body whose name is reco	orded on the reverse side of this c	ertificate was embalmed by me	;, or by
	***************************************	Student Embalmer No	
working under my personal supervision.	f		

Signed Charles R. Fish

Student Embalmer Licensed Embalmer No. 4662

P. O. Address ava, mo. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.